

IN THE UNITED STATES DISTRICT COURT

DISTRICT OF MASSACHUSETTS

JOHN J. BAUGHAN
PLAINTIFF

VS.

CIVIL ACTION
No. 04-10704 WZ

KEITH PELLETIER,
TODD OLIVER,
FRANCIS NAPERT AND
SCOTT ARLINGTON
DEFENDANTS

AFFIDAVIT OF EMILE E. MORAD, ESQ.

Now comes Emile E. Morad, Esq. and on his oath states
as follows;

1. I Emile E. Morad Esq. have been a member of the Bar of
the Commonwealth of Massachusetts since 1963 and maintain
my principal place of business 460 County St. New Bedford
MA, 02740.

2. At all times material hereto I have represented the
Plaintiff John J. Baughan in this action.

3. Since sometime in the early 1980's I have been
suffering from Meniere 's disease. See medical reports
from New England Hospital attached hereto.

4. The symptoms from Meniere 's disease include but are or not limited to dizziness, distortion of my speech, vision impairment, and uses of equilibrium.

5. Beginning sometime in early October 2003 I have experienced more frequent and violent attacks of the Meniere's symptoms, which have resulted in my spending substantial amounts of time in Medical Treatment, requiring Hospitalizations and experimental surgical procedure.

6. Over the years I have treated with my Primary Physician, Alexander Altschuller, M.D. who maintains his primary office at 237 State Rd. Dartmouth MA, 02747. Sometime in the late Fall 2003, when my Meniere's symptom exacerated, Dr. Altschuller referred me to an Ear Specialist at the Massachusetts Eye and Ear Hospital, Boston Ma.

7. At the Mass. Eye and Ear Hospital I consulted with Dr. Stephen Rauch who conducted an examination on October 14, 2003. As a result of the examination and consultation Dr. Rauch recommended I undergo an experimental surgical procedure on my right ear that offered a substantial likelihood of reducing the effects of the symptoms of the

Meniere 's disease from which I have been suffering.

Dr. Rauch further advised me of the side affects of the treatment and that I would likely suffer through a period of time where the symptoms would be constantly present which would include loss of equilibrium, loss of hearing in both ears, loss of hearing in both ears, ringing in both ears and other sea-sick like symptoms until the treatment would take affect. It was anticipated by Dr. Rauch that it was possible for me to suffer the affects of the procedure for a period of not less than 90 days but not more than 1 year until they could determine whether the procedure was successful. See copies of Dr. Altschuller's report dated October 7th and November 25, 2003.

8. On November 18, 2003 Dr. Rauch performed a surgical procedure on my right ear at the Mass. Eye and Ear Hospital and I returned to my Florida home for the initial period of recovery, and convalescence.

9. I remained in Florida from the end of November through early mid January 2004. While I was in Florida I suffered from all of the side affects that Dr. Rauch had indicated, and in addition I suffered from double vision in both eyes which was not one of the symptoms of which I was

forewarned. When the double vision persisted, I contacted Dr. Rauch, who indicated that the double vision was not a known side affect of the surgical procedure he preformed and he recommended that I immediately consulted a Florida physician specializing in Opt homology. A copy of my e-mail to Dr. Rauch is attached hereto.

On December 22, 2003, after my medical records were transferred to Florida, I consulted with Dr. Gerima Lal, an Ophthalmologist who specializes in cases of double vision. After the examination by Dr. Lal, she and Dr. Rauch had a disagreement as to their opinion of the cause of the double vision and she recommended I consult with a Neurologist. Dr. Lal indicated she thought that the double vision was caused by the optic nerve in my brain which she thought might have been upset by the Surgical Procedure. Dr. Rauch was insistent that the double vision was completely unrelated to the surgical procedure he performed. A copy of Dr. Lal's notes is attached hereto.

10. As a result of the complications in my Treatment, having been compounded by the double vision, I decided that I would feel more comfortable returning to Massachusetts where my Primary Care Physician was located, along with the best Medical Care in the Country.

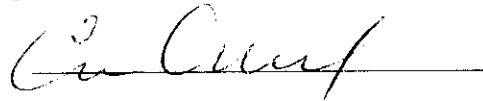
11. Since I returned to Massachusetts in early to mid January 2004, I have been seen by Dr. Altschuller, my primary care physician, and Dr. Abbott, a neurologist in New Bedford Massachusetts, both of whom have indicated that their opinion that I have been suffering from a series of Optic Strokes which caused the Double Vision. I am still suffering from onset of double vision and the other symptoms of the surgical procedure and have had substantial difficulties conducting my activities including the practice of law. I also am currently suffering from loss of short-term memory as a result of the optical strokes I have suffered. See copies of notes of Dr Abbott attached hereto.

12. In early April 2004 I tried to arrange for another lawyer to represent John J. Baughan in this matter on a contingency basis. I was compelled to file this matter in the court because the statute of limitation was about to expire. I was not successful until recently when I learned of attorney Alpert from a friend of mine. I immediately called attorney Alpert and arranged for an appointment to discuss this case. Mr. Baughan accompanied me to Mr. Alpert's office in Boston. Attorney Alpert accepted the case on a contingency basis.

13. I must move to Withdraw from this matter because of my present medical condition. I am medically unable to complete this matter at this time.

August 26th, 2004

Respectively Submitted

A handwritten signature in black ink, appearing to read "Emile E. Morad", written over a horizontal line.

Emile E. Morad Esquire

AFFIDAVIT OF SERVICE

I, Emile E. Morad certify that I have mailed a copy of the above withdrawal of appearance by first class mail postage prepaid to the following:

1. Jonathan M. Siverstein Esquire, 31 St James Avenue, Boston Ma. 02116-4102
2. Andrew Stockwell Alpert Esquire 109 State Street, Boston, Ma. 02109
3. Mr. John Braughn, 509 River Road, Westport, Ma. 02790

Dated August 26th 2004


Emile E. Morad

NEW ENGLAND MEDICAL CENTER HOSPITALS
DEPARTMENT OF OTOLARYNGOLOGY
MARCH 13, 1991

MORAD, Emile
#151-67-07
DOB: 5/24/38

Mr. Morad is an attorney from the New Bedford area. He comes in with a history of spells of vertigo. He tells me that his general health is good. He is being treated for hypertension with Vasotec and has had some problems with his left knee. He is also significantly overweight. He tells me that he is wedded to the sea and at one time he used to be a fisherman and became an attorney but retained his love for boats and the ocean. In the summer of 1983, while sailing, he had a sudden onset of vertigo, even though the water was calm. He barely made to shore, threw himself on the earth with vertigo and vomiting, and was taken to a hospital in New Bedford. He believes that the spell at that time lasted about four or five hours. He never lost consciousness. He was evaluated by Dr. Altschuller, his cardiologist, who found out that he had heart disease. He visited with Dr. Bilodeau, an otolaryngologist in the New Bedford area, who treated him for four or five months with Meclazine. There was a diagnosis made of Meniere's disease and he believes that he had a hearing loss at that time which he recovered. In 1985, he developed some positional vertigo and light headedness and in 1990, he began to develop more severe attacks of vertigo which were of spontaneous onset in addition to positional vertigo and often associated with nausea. At the end of 1990 and early 1991, these attacks became more severe. The attacks would last for a half our to an hour, and sometimes even for several days. At the end of February, which was only two or three weeks ago, he had to cancel a flight because of intense vertigo which lasted for several days. When I ask about noise intolerance, at first he says he hasn't had this problem but then tells me that he cannot stand the music of loud bands which hurts in his ears. As far as hearing is concerned, he has a little bit of a loss on both sides. He believes that the right side remains stationary, but the left side seems to fluctuate. When he is having a good day, he feels that his balance is normal; in other words, he is not always ataxic. He has been evaluated by a number of physicians.

He brought in a series of audiograms from Dr. Bilodeau and Dr. Rosenblatt. On these audiograms, his hearing remains more or less the same each time. The most recent test was performed on 11/20/90 and shows on the right side hearing in the range of 40 decibels with high frequency drop-off, and on the left side hearing is about 25 decibels with a high frequency drop-off. The SRT's are 45 decibels on the right with 92% discrimination and an SRT of 25 on the left with 100% discrimination. No additional tests were performed. Apparently, he has had not scans.

DIAGNOSIS: Suspicious for Meniere's disease.

NEW ENGLAND MEDICAL CENTER HOSPITALS
DEPARTMENT OF OTOLARYNGOLOGY
MARCH 13, 1991

MORAD, Emile
#151-67-07
DOB: 5/24/38

Page Two

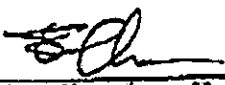
SUGGESTIONS:

1. I believe he needs to have a scan of his internal auditory canals because his symptomatology, although highly suggestive, is not absolutely typical. Ordinarily, I would request an MRI scan but there may be a problem with him fitting into the cylinder of the machine because of his large girth. If the Radiology Department feels that this cannot be done, then I would suggest a CT scan with intravenous contrast.
2. I've given him a prescription for Transderm scop to try for his vertigo.

At the moment, I cannot suggest any surgical procedure for him, partly because we are not sure which of the ears is causing the problem.

ADDITIONAL NOTE: The patient tells an interesting story, that in 1959 while he was in the military service, he was struck by lightning in the right temporoparietal area. He lost consciousness at that time and he believes that the partial loss of hearing that he has in the right ear may be related to that.

I would like to have the MRI or CT scan mailed to me for review.


Warner D. Chasin, M.D.

WDC/mrb

cc: Alexander Altschuller, M.D.
570 Hawthorne Street
New Bedford, MA 02740

Arthur Rosenblatt, M.D.
275 Allen St.
New Bedford, MA 02740

Medical Records



Hawthorn Medical Associates, LLC
237A State Road, North Dartmouth, MA 02747
508-996-3991

October 7, 2003

RE: EMILE MORAD
DOB: 05/24/38

To Whom It May Concern:

The above named patient is under my active care and treatment. It is my medical opinion that he is not able to perform his work duties until seen by Dr's Lewis and Boch at Mass General Hospital on 10/14/03. If I can be of any further assistance to you, please feel free to contact me at my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Altschuller', written over a horizontal line.

Alexander Altschuller, M.D., F.A.C.C.

AA/trp

NOV-24-03 03:44PM From: MEEA OTOLARYNGOLOGY

617-875-0014

7-001

P.001/001

Emil Morad
MEEH#:

11/18/03 - Mr. Morad has had a lot of active Meniere's symptoms in the past couple of months. It is giving him a great deal of difficulty. He has attacks of one to two hours that occur several times weekly despite medical measures. He believes the symptoms are coming from the right ear.

Exam - shows normal canals and drums. Hearing test shows a binaural hearing loss but the right ear is the one fluctuating. Vestibular function testing with SVAR shows a slight progression of disease. He now has reduced low frequency VOR gain and increased phase leads. His time constant has shortened down from 14.8 to 11.7.

Impression - intractable Meniere's disease. The right ear appears to be the symptomatic side and the patient cannot tolerate symptoms at this level. After discussion of treatment options, the patient elected to proceed with intratympanic Gentamicin treatment. We reviewed goals, benefits and risks of the therapy. The right drum was anesthetized at two sites with topical Phenol. A vent opening was made anteriorly and 0.5 cc of 40 mg/ml Gentamicin sulfate instilled posteriorly. The patient tolerated that well. He remained here supine for one hour. He was discharged on water precautions. He is heading back to Florida but will be back here in February for a check-up.

Steven D. Rauch, M.D.



Hawthorn Medical Associates, LLC

*237A State Road, North Dartmouth, MA 02747
508-996-3991*

November 25, 2003

RE: EMILE MORAD

DOB: 05/24/38

To Whom It May Concern:

The above named patient is under my active care and treatment. He has recently undergone a procedure to correct Meniere's Disease of the right ear. It is my medical opinion that Mr. Morad not be subjected to any stressful situations, at least until he is seen by his physician in February 2004 for a complete evaluation. If I can be of any further assistance to you, please feel free to contact me at my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Altschuller', with a large, sweeping flourish at the end.

Alexander Altschuller, M.D., F.A.C.C.

AA/trp

Subject: Re: Patient - Emilio Morad
Date: 12/15/2003 1:47:37 PM Eastern Standard Time
From: sdr@epl.meel.harvard.edu
To: Moradpatti@aol.com
CC: sonia_marshall@meel.harvard.edu
Sent from the Internet (Details)

There is NO ear treatment that causes double vision. I would strongly recommend evaluation by an ophthalmologist as soon as possible. If you do not already have one, please contact my secretary, Sonia (617-573-3644) and she can set one up.

-sdr

Steven D. Rauch, MD
Assoc. Prof., Otolaryngology
Harvard Medical School
Mass. Eye & Ear Infirmary

Tel: 617-573-3644
Fax: 617-573-3939
Email: sdr@epl.meel.harvard.edu

On 12/15/03 12:04 PM, "Moradpatti@aol.com" <Moradpatti@aol.com> wrote:

Dear Dr. Rauch,

I called your office on two separate occasions in the past couple of weeks and requested to speak with you concerning my medical condition.

I remember you telling me that I would feel tipsy and suffer a loss of hearing for a period of four to eight weeks after the treatment you performed on my right ear. I have experienced a loss of hearing and the tipsy feeling since the treatment. I am deeply concerned, however, with the double vision that I have experienced daily to the present. The double vision as best as I can describe, is that I see the same object one on top of the other. If I close one eye, I have single vision. If I close the second eye and open the first eye, I have single vision. It appears to me that my eyes are not synchronized so that when both eyes are open I experience double vision. This double vision does not occur all day, but it comes and goes and I usually experience it in the morning hours and late afternoon.

Please respond to me as to whether or not this is an expected condition or if I should see a doctor that you recommend in my home area of Hollywood, Florida. Hollywood, FL is approximately 25 miles north of Miami.

If you wish to speak to me my phone number is (854) 923-5593.

I wish to thank you for your kind consideration.

Respectfully submitted,

Emilio E. Morad

ALAN REIDELSON, M.D. ARTHUR RISHMAN, M.D.				EYE SURGERY ASSOCIATES TAX I.D. # 55 045 7710				2740 Hollywood Blvd., Hollywood, FL 33020 603 N. Flamingo Rd., Suite 250, Pompano Beach, FL 33062 3500 S. Commerce Pkwy., Weston, FL 33321				(813) 828-2741 (954) 431-3771 (760) 388-6321			
NEW PATIENTS												CONSULTATIONS			
1	Ophthalmological Exam Comprehensive	92004	130	127	Consultation Problem Focused	93242									
2	Ophthalmological Exam - Intermediate	92002		36	Consultation Detailed	93243									
3	Exam - Detailed Level III	92003		37	Consultation Comprehensive	93244									
4	Exam - Comprehensive Level IV	92004													
ESTABLISHED PATIENTS												VITREO SURGERY			
1	Ophthalmological Exam Comprehensive	92014		453	Bioptic Eyelid	97810									
2	Ophthalmological Exam - Intermediate	92012		17	Excision Benign Skin Lesion to .5 cm	11440									
3	Exam - No Dr. Needed - Level I	92011		18	Exc. Benign Skin Lesion 0.6 - 1.0 cm	11441									
4	Exam - Prob. Focused - Level II	92012		46	Excision Benign Skin Lesion 1.1 - 2.0 cm	11442									
5	Exam - Expanded - Level III	92013		19	Rem. Conjunctival F.B. Embedded	95210									
6	Exam - Detailed Level IV	92014		20	Rem. Conjunct F.B. w/ Ek lamp	95222									
7	Refraction	92015		21	Exc. Chalazion Single	97600									
8	Glauc. Dx / NC Visit	92016		22	Correction Trichiasis - Forceps	97620									
9	Surgery Follow-up Visit	92017		23	Probing of Lacrimal Canaliculi	97640									
10	Lasik Consult	92018		24	Probing of Nasolacrimal Duct	98010									
11	Refraction for P.O. Change	92019		42	Punctal Plug	98761									
SPECIAL PROCEDURES												SURGERY			
1	Gonioscopy	92020		55	Insertion Intraocular Lens w/ Cataract op.	98884									
2	Quantitative Perimetry	92021		56	Probing of Nasolacrimal Duct	98885									
3	Quantitative Perimetry - Extended	92022		75	Trabeculoplasty Laser	98886									
4	Ophthalmoscopy - Extended	92023		81	Laser Capsulotomy	98887									
5	Ophthalmoscopy - Subsequent	92024		100	Sclerotomy - 1 Muscle	98888									
6	Ophthalmoscopy w/ Filter & Photos	92025		77	Peripheral Iridectomy Laser	98889									
7	Ophthalmoscopy w/ Fundus Photo	92026		110	Block Resection, Eyelid over One Fourth	98890									
8	External Photos	92027		117	Excision of Pterygium w/ Graft	98891									
9	Intraocular Lens Calculation	92028		118	Plastic Repair - Ext. Lev. Repair	98892									
10	Gonioscopic Exam - Prism Meas.	92029		166	Biopsy of Pterygium	98893									
11	Corneal Topography	92030		PP	For Eye / Glauc / Cosmetic Lid	98894									
12	Corneal Pachymetry	92031		412	Lower Lid Blepharoplasty Cosmetic	98895									
13	Holmium Tomography	92032		70	Upper Lid Blepharoplasty Cosmetic	98896									
MODIFICATIONS												LASIK			
1	Unrelated E & M by same Dr. during P.O.			321	Laser Mac. Neovascular Membrane	98897									
2	Significant, Separate E & M by same Dr. on day of a proc.			322	Laser Mac. Neovascular Membrane	98898									
3	Unrelated procedure by same Dr. during P.O.														
4	Dr. entrance surg. within 1 day of surgery														
5	Surgery only, no P.O. Care														
6	Medicare only Left & Right														
DIAGNOSIS CODES (FOR ADDITIONAL SEE REVERSE SIDE)															
1	Amiopia	360.00	21	Glaucoma, Primary, Open Angle	360.01	138	Hyperopia	370.01	223	PO Keratoplasty	920.01				
2	Hyperopia	370.01	141	Glaucoma, Secondary	360.02	139	Myopia	370.02	224	Posterior Vitreous Detachment	370.02				
3	Myopia	370.02	142	Glaucoma, Angle Closure	360.03	140	Astigmatism	370.03	225	Premacular Flare	370.03				
4	Presbyopia	370.03	143	Glaucoma, Pigmentary	360.04	141	Keratoconus	370.04	226	Pseudophakia	370.04				
5	Cataract	370.04	144	Glaucoma, Traumatic	360.05	142	Keratoconus, Progressive	370.05	227	Pterygium	370.05				
6	Chalazion	370.05	145	Glaucoma, Congenital	360.06	143	Keratoconus, Surgical	370.06	228	Phoria	370.06				
7	Chalazion, Recurrent	370.06	146	Glaucoma, Congenital, Infantile	360.07	144	Keratoconus, Traumatic	370.07	229	Strabismus	370.07				
8	Chalazion, Bilateral	370.07	147	Glaucoma, Congenital, Infantile, Bilateral	360.08	145	Keratoconus, Traumatic, Bilateral	370.08	230	Strabismus, Esotropia	370.08				
9	Chalazion, Unilateral	370.08	148	Glaucoma, Congenital, Infantile, Unilateral	360.09	146	Keratoconus, Traumatic, Unilateral	370.09	231	Strabismus, Exotropia	370.09				
10	Chalazion, Recurrent, Bilateral	370.09	149	Glaucoma, Congenital, Infantile, Recurrent	360.10	147	Keratoconus, Traumatic, Recurrent	370.10	232	Strabismus, Intropia	370.10				
11	Chalazion, Recurrent, Unilateral	370.10	150	Glaucoma, Congenital, Infantile, Recurrent, Bilateral	360.11	148	Keratoconus, Traumatic, Recurrent, Bilateral	370.11	233	Strabismus, Intropia, Bilateral	370.11				
12	Chalazion, Recurrent, Unilateral, Bilateral	370.11	151	Glaucoma, Congenital, Infantile, Recurrent, Unilateral	360.12	149	Keratoconus, Traumatic, Recurrent, Unilateral	370.12	234	Strabismus, Intropia, Unilateral	370.12				
13	Chalazion, Recurrent, Unilateral, Bilateral	370.12	152	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.13	150	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.13	235	Strabismus, Intropia, Unilateral, Bilateral	370.13				
14	Chalazion, Recurrent, Unilateral, Bilateral	370.13	153	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.14	151	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.14	236	Strabismus, Intropia, Unilateral, Bilateral	370.14				
15	Chalazion, Recurrent, Unilateral, Bilateral	370.14	154	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.15	152	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.15	237	Strabismus, Intropia, Unilateral, Bilateral	370.15				
16	Chalazion, Recurrent, Unilateral, Bilateral	370.15	155	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.16	153	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.16	238	Strabismus, Intropia, Unilateral, Bilateral	370.16				
17	Chalazion, Recurrent, Unilateral, Bilateral	370.16	156	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.17	154	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.17	239	Strabismus, Intropia, Unilateral, Bilateral	370.17				
18	Chalazion, Recurrent, Unilateral, Bilateral	370.17	157	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.18	155	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.18	240	Strabismus, Intropia, Unilateral, Bilateral	370.18				
19	Chalazion, Recurrent, Unilateral, Bilateral	370.18	158	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.19	156	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.19	241	Strabismus, Intropia, Unilateral, Bilateral	370.19				
20	Chalazion, Recurrent, Unilateral, Bilateral	370.19	159	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.20	157	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.20	242	Strabismus, Intropia, Unilateral, Bilateral	370.20				
21	Chalazion, Recurrent, Unilateral, Bilateral	370.20	160	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.21	158	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.21	243	Strabismus, Intropia, Unilateral, Bilateral	370.21				
22	Chalazion, Recurrent, Unilateral, Bilateral	370.21	161	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.22	159	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.22	244	Strabismus, Intropia, Unilateral, Bilateral	370.22				
23	Chalazion, Recurrent, Unilateral, Bilateral	370.22	162	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.23	160	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.23	245	Strabismus, Intropia, Unilateral, Bilateral	370.23				
24	Chalazion, Recurrent, Unilateral, Bilateral	370.23	163	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.24	161	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.24	246	Strabismus, Intropia, Unilateral, Bilateral	370.24				
25	Chalazion, Recurrent, Unilateral, Bilateral	370.24	164	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.25	162	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.25	247	Strabismus, Intropia, Unilateral, Bilateral	370.25				
26	Chalazion, Recurrent, Unilateral, Bilateral	370.25	165	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.26	163	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.26	248	Strabismus, Intropia, Unilateral, Bilateral	370.26				
27	Chalazion, Recurrent, Unilateral, Bilateral	370.26	166	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.27	164	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.27	249	Strabismus, Intropia, Unilateral, Bilateral	370.27				
28	Chalazion, Recurrent, Unilateral, Bilateral	370.27	167	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.28	165	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.28	250	Strabismus, Intropia, Unilateral, Bilateral	370.28				
29	Chalazion, Recurrent, Unilateral, Bilateral	370.28	168	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.29	166	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.29	251	Strabismus, Intropia, Unilateral, Bilateral	370.29				
30	Chalazion, Recurrent, Unilateral, Bilateral	370.29	169	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.30	167	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.30	252	Strabismus, Intropia, Unilateral, Bilateral	370.30				
31	Chalazion, Recurrent, Unilateral, Bilateral	370.30	170	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.31	168	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.31	253	Strabismus, Intropia, Unilateral, Bilateral	370.31				
32	Chalazion, Recurrent, Unilateral, Bilateral	370.31	171	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.32	169	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.32	254	Strabismus, Intropia, Unilateral, Bilateral	370.32				
33	Chalazion, Recurrent, Unilateral, Bilateral	370.32	172	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.33	170	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.33	255	Strabismus, Intropia, Unilateral, Bilateral	370.33				
34	Chalazion, Recurrent, Unilateral, Bilateral	370.33	173	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.34	171	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.34	256	Strabismus, Intropia, Unilateral, Bilateral	370.34				
35	Chalazion, Recurrent, Unilateral, Bilateral	370.34	174	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.35	172	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.35	257	Strabismus, Intropia, Unilateral, Bilateral	370.35				
36	Chalazion, Recurrent, Unilateral, Bilateral	370.35	175	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.36	173	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.36	258	Strabismus, Intropia, Unilateral, Bilateral	370.36				
37	Chalazion, Recurrent, Unilateral, Bilateral	370.36	176	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.37	174	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.37	259	Strabismus, Intropia, Unilateral, Bilateral	370.37				
38	Chalazion, Recurrent, Unilateral, Bilateral	370.37	177	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.38	175	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.38	260	Strabismus, Intropia, Unilateral, Bilateral	370.38				
39	Chalazion, Recurrent, Unilateral, Bilateral	370.38	178	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.39	176	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.39	261	Strabismus, Intropia, Unilateral, Bilateral	370.39				
40	Chalazion, Recurrent, Unilateral, Bilateral	370.39	179	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.40	177	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.40	262	Strabismus, Intropia, Unilateral, Bilateral	370.40				
41	Chalazion, Recurrent, Unilateral, Bilateral	370.40	180	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.41	178	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.41	263	Strabismus, Intropia, Unilateral, Bilateral	370.41				
42	Chalazion, Recurrent, Unilateral, Bilateral	370.41	181	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.42	179	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.42	264	Strabismus, Intropia, Unilateral, Bilateral	370.42				
43	Chalazion, Recurrent, Unilateral, Bilateral	370.42	182	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.43	180	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.43	265	Strabismus, Intropia, Unilateral, Bilateral	370.43				
44	Chalazion, Recurrent, Unilateral, Bilateral	370.43	183	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.44	181	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.44	266	Strabismus, Intropia, Unilateral, Bilateral	370.44				
45	Chalazion, Recurrent, Unilateral, Bilateral	370.44	184	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.45	182	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.45	267	Strabismus, Intropia, Unilateral, Bilateral	370.45				
46	Chalazion, Recurrent, Unilateral, Bilateral	370.45	185	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.46	183	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.46	268	Strabismus, Intropia, Unilateral, Bilateral	370.46				
47	Chalazion, Recurrent, Unilateral, Bilateral	370.46	186	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.47	184	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	370.47	269	Strabismus, Intropia, Unilateral, Bilateral	370.47				
48	Chalazion, Recurrent, Unilateral, Bilateral	370.47	187	Glaucoma, Congenital, Infantile, Recurrent, Unilateral, Bilateral	360.48	185	Keratoconus, Traumatic, Recurrent, Unilateral, Bilateral	3							

Name Morad Emile M/F Age/DOB 5/24/38 DATE DEC 22 2003
 New Pt. Reg Form Reviewed by Doctor _____ Chart Dictated _____
 for dizziness Pediatrician _____

Intermittent
vertical
nystagmus
in AM
none
current
meds

CC Had an eardrum procedure on ear on 11/12/03
 on the 26th started to get diplopia - vertical
 HPI: Comes and goes - worse after sleeping + when
 POH: intractable Meniere's disease
 PMHx: DM x 10 yrs, Y-bypass 1996
 PSHx: dizzy spells
 Family Hx _____ Social Hx/Devel Hx stroke - father

CURRENT MEDS

calcibrex
 Visolac, insulin 26 units
 Glacophage
 Glipiside
 Meclazine PM dizziness

Allergies

None

VA OD 20/40+2 P 20/25 OD -1.50 +1.00 x 11
 OS 20/20 W OS -1.75 +1.00 x 82

Stereo

3/3 5/9

TA OD/8

OS 20

Color Vision

Hold 2 squeeze PB @ 11/35

NEAR 20/25
 CL < 20/20

OD/OS WNL
 M OD -2.00 +1.50 x 113
 OS -1.75 +1.00 x 85 20/20

CVF

Comments

Act CL +250 J1+02

EOM

Primary Gaze

Versions/Occlusions

Conjunctiva P(S)

Bulbar

Palpebral

Adnexa P(S)

Orbit

Lids

Pupils (P) 4/4

Shape 2/2

Reaction 2/2

Cornea P(S)

Epithelium

Stroma/Endothelium

Tear Film

AC P(S)

Depth/Clarity

ASSESSMENT:

OT
 2-4 E' - aerobical
 OT - through bifocal
 H H full
 NPL + nose
 no hyper 2 weeks
 MR: no hyper
 D N

Iris		
Lens P S	✓	✓
Ant/Post Capsule	✓	✓
Cortex		
Nucleus		
Fundus	✓	✓
CD ratio	✓	✓
Appearance	✓	✓
Retina		
Macula		
Periphery/Vessels		
Cyclorotation		
Mental Status		
AAO PPT for Age	X 3	
Mood or Affect	Good	
Piosis Y (N)		

Comments

HNS 02
 had PNC
 11/15/03
 eardrum
 procedure
 onset
 1 wk post sx.
 nerves w/ L
 motoric
 MRD <

1) Diplopia
 2) ears 00
 3) Meniere's Disease
 no strab/hyper in eye
 Needs eval for etiology
 PLAN: 1) to neurologist for consultation re: etiology new-onset diplopia.
 will call ENT surgeon - 617-573 3644
 Here peron persists.

ADDOT CONTOY

001

REC'D MAR 24 2004

BRUCE F. ABBOTT, M.D.

72 GRAPE STREET

NEW BEDFORD, MASSACHUSETTS 01760

508-897-1331

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March 22, 2004

Alexander Altschuller, M.D.
237A State Road
North Dartmouth, MA 02747

Re: Emile Mirad
d.o.b.: 5/24/38

Dear Alex:

Enclosed please find a copy of my last office note on Emile dated 1/22/04. MRI of the brain, MR arteriography of the brain and neck, anticholinergic receptor site antibody titers, all are negative. The patient said his diplopia was less and it was slowly going away. He does have symptoms of obstructive sleep apnea.

Red glass testing did demonstrate mild bilateral internuclear ophthalmoplegia.

I think he has microvascular disease in his pons, not well developed enough to be called a lacunar stroke on MRI scan, but enough to cause his symptoms. This is not an uncommon situation in elderly people, and I expect that his symptoms of diplopia may be permanent, although the symptomatology should spontaneously reduce over a period of months. There is no intervention other than continuing aspirin, and there is no evidence of large vessel disease or metabolic abnormalities that would contribute to his diplopia.

Sincerely yours,



Bruce F. Abbott, M.D.

BPA/aad 146154
Enclosure

Fax # 508-636-6250



Hawthorn Medical Associates, LLC
237A State Road, North Dartmouth, MA 02747
508-996-3991

March 23, 2004

RE: EMILE MORAD
DOB: 05/24/38

To Whom It May Concern:

The above named patient is under my active care and treatment. It is my professional opinion that my patient is not medically capable of participating in any stressful situations such as a court case at this time. If I can be of any further assistance to you, please feel free to contact me at my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Altschuller'.

Alexander Altschuller, M.D., F.A.C.C.

AA/trp